

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN190S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2010
NAME OF PROVIDER OR SUPPLIER RENOWN SKILLED NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 ODDIE BLVD SPARKS, NV 89431		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/8/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024619 was substantiated with a deficiency cited. (See Tag Z240)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z240 SS=D	<p>NAC 449.74471 Administration of drugs</p> <p>1. A facility for skilled nursing shall not administer a drug to a patient in the facility:</p> <p>(a) In excessive doses, including duplicate drug therapy;</p> <p>(b) For an excessive duration;</p> <p>(c) Without monitoring the patient properly;</p> <p>(d) Without adequate indications for the use of the drug; or</p> <p>(e) If there are any adverse reactions which indicate that the dosage should be reduces or</p>	Z240		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z240	Continued From page 1 discontinued. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain consent for a psychotropic medication and failed to monitor a resident for oversedation and the effects on the resident's condition for 1 of 3 residents (Resident #1). Severity: 2 Scope: 1	Z240			

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